

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

12830

BIRTH MAR 21 1952

REG. DIST. NO.

317

PRIMARY REG. DIST. NO.

500

Registrar's No.

741

1. PLACE OF DEATH a. COUNTY ST. LOUIS				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY MISSOURI			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON BARRACKS, MO.				c. LENGTH OF STAY (in this place) 65 days			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSP.				d. STREET ADDRESS (If rural, give location) 1343 DEVLIN			
3. NAME OF DECEASED (Type or Print)		a. (First) JAMES		b. (Middle) R.		c. (Last) KING	
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED		8. DATE OF BIRTH 6-6-96	
9. AGE (in years last birthday) 56		10. MONTHS 8		11. DAYS 26		12. HOURS 1	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) GARDENER & JANITOR				10b. KIND OF BUSINESS OR INDUSTRY KENRICK SEMINARY			
11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS, MISSOURI				12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME JAMES KING				13b. MOTHER'S MAIDEN NAME NELLIE HENNESSEY			
14. NAME OF HUSBAND OR WIFE NONE				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WWI			
16. SOCIAL SECURITY NO. UNKNOWN				17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS, JEFF. BKS, MO.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* CARCINOMA OF LARYNX, RECURRENT, WITH EXTENSION TO LEFT SUPRA CLAVICULAR REGION ANTECEDENT CAUSES Due to (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death BRONCHOPNEUMONIA, BOTH LOWER LOBES INTERVAL BETWEEN ONSET AND DEATH 3 years 5 days				19. DATE OF OPERATION 161X			
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>				21a. ACCIDENT SUICIDE HOMICIDE (Specify) VA			
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) VA				21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) ST. LOUIS MISSOURI			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) VA				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
21f. HOW DID INJURY OCCUR? VA				22. I hereby certify that I attended the deceased from 12-29-52 , to 3-1-53 , 19____, the death occurred at 2:00P m. , from the causes and on the date stated above.			
23a. SIGNATURE James R. King				23b. ADDRESS VA HOSP. JEFF. BKS. MO.			
23c. DATE SIGNED 3-5-53				24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL			
24b. DATE 3-7-53				24c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK CEMETERY			
24d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY MO				25. FUNERAL DIRECTOR'S SIGNATURE JAY B SMITH-7456 MANCHESTER-MAPLEWOOD			
DATE REC'D BY LOCAL REG. 3-7-53				REGISTRAR'S SIGNATURE Hubert R. Dombke MD			

(Licensed Embalmer's Statement on Reverse Side)

MO.

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

J. P. Burgess

Licensed Embalmer No. _____

4029

P. O. Address _____

Maplewood

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.